

CLAIMS ONLY

Application Number

10-796395

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total Indep	3					
Total Depend	15					
Total Claims	18					

May be used for additional claims or amendments					
	Indep		Depend		
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100					
Total Indep					
Total Depend					
Total Claims					